

---

---

## Paramount Health Care (PARHC) Enrollment Instructions - ERA ONLY

- ✓ BEFORE enrolling, you MUST have a Practice Insight customer account # with billing provider record added. Please contact your EDI solutions reseller to confirm your EDI setup.

**CHOOSE ONE METHOD- to submit to Practice Insight**

- A. Enrollment Manager:** PI Support Vendors can submit request directly into Enrollment Manager Tool using “Paperless Method”.
- B. Email:** [enrollment@practiceinsight.net](mailto:enrollment@practiceinsight.net)

### ERAs (835) NEW or CHANGE OF SERVICE

**IMPORTANT:** Please make sure the provider is currently submitting claims to this payer. The payer will not setup the provider for 835 ERAs if the provider has not yet submitted claims to this payer.

#### Practice Insight 835-ERA Enrollment Form (1 page)

Complete this form by entering the billing provider group information such as group name, group tax ID# and group NPI #. This form can be emailed to Practice Insight.

-OR-

#### Paperless Method (No Form Required)

Within EDInsight→Enrollment Manager, [**ADD Payer Enrollment**] for this payer. Select Enrollment Record, Click [**SUBMIT Enrollment**].

Complete the online form by entering the billing provider’s group information. Once saved, the enrollment record will be “**Submitted to PI**” to be processed.

---

---

### ALLOW 4-6 WEEKS FOR PROCESSING

*If it has been over 20 business days since this request was submitted and ERAs are not being received, providers should contact their EDI support representative or reseller to inquire regarding status of the ERA enrollment. Resellers may contact Practice Insight, Enrollment Department for assistance.*



Send completed forms to Practice Insight  
 Email: [enrollment@practiceinsight.net](mailto:enrollment@practiceinsight.net)  
 or Fax: 713.333.0138

### 835-ERA Provider Enrollment Form

Payer Information					
Request Type:			Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) Select One:		
New Request:		Change Request:		Tax Identification Number (TIN):	
Payer Name:		Payer #:		National Provider Identifier (NPI):	
Provider Information					
Billing Provider Name:					
Billing NPI:		Tax ID:			
Telephone Number:		Fax Number:			
Primary Address:					
City:		State:		Zip:	
Billing Address (if diff from primary):					
City:		State:		Zip:	
Contact Information					
Contact Name:					
Telephone Number:		Email:			
EDI Information					
Support Vendor / Reseller:				EDI Cust #:	
Receiver Name:	Practice Insight				

Please Allow 2-4 Weeks For Processing